

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 Substitute for Form PTO-1360
 (For use with Form PTO/SB/06)

Application Number

10/766,958

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	11		11			
Total Depend	29		30			
Total Claims	40		41			

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep						
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Total Claims						

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